FORT BEND COUNTY SUBDIVISION PLAT APPLICATION

To be completed by F Date Accepted	FBC Engineering
Project Number	
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1. APPLICANT INFORMATION	
Applicant Name	
Contact Person	
Address	
City/State/Zip	
	Fax
E-mail Address	
Developer	
Address	
City/State/Zip	
TelephoneF	Fax
2. SITE & PLAT INFORMATION	
Plat Name	
Type Regular Replat or Partial Replat	Amending Vacation
Use Non-Residential Residential (including	no multi-family)
City Limit Acreage	
Abstract Blocks	
Survey Reserve	
Reserve	
3. LOCATION & DISTRICTS	
Key Map Zip Code	Precinct
School District	
Municipal Utility District	
Levee Improvement District	
4. PLAT CHECK LIST	
Bond / Letter of Credit (FBC format, Original)	Yes N/A Date
Tax Certificates (All taxing entities, current to 90 days)	Yes N/A Date
Tax Research Review (FBC Tax Off., current to 90 days)	Yes N/A Date
Title Report (Current to 30 days)	Yes N/A Date
Drainage District Review Fort Bend County Clerk (Plat Name Review)	Yes N/A Date Yes N/A Date
Fort Bend Elections Admin. (Street Name Review)	Yes N/A Date
Taxing Entity Letter (Certified by the Engineer)	Yes N/A Date
Health Department Review (if Water & Septic apply)	Yes N/A Date
Mylar Set (4 sets - Camera Positive)	Yes N/A Date
Bond Review-Co. Attorney (done by FBC Engineering)	Yes N/A Date
Bond Review-Risk Mgmt. (done by FBC Engineering)	Yes N/A Date
Digital AutoCAD File – E-mail, CD, Disc (Sec. 3.3)	Yes N/A Date
Signature of Applicant	Date